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ABSTRACT

This manual for child care personnel in day care homes and centers provides guidelines on caring for sick children and emphasizes the importance of extensive detailed recordkeeping when a child is ill or injured. Signs and symptoms of illness are listed and appropriate responses are indicated. Immediate care procedures (separating the child from others, making the child comfortable, taking the child's temperature and notifying parents) are discussed and the importance of maintaining cleanliness in settings and among care providers in contact with ill children is emphasized. Emergency treatment is outlined and the importance of obtaining a prior legal agreement with parents concerning emergency procedures is stressed. Suggestions for an emergency plan in case of careperson illness or injury are provided. The use of in-house accident reports, reports to parents of symptoms of illness or child injury and caretaker's responses, notices of exposure to communicable disease, and post-illness follow-up reports is encouraged. (A slide/sound presentation and pamphlets were produced in conjunction with this manual.) (RH)

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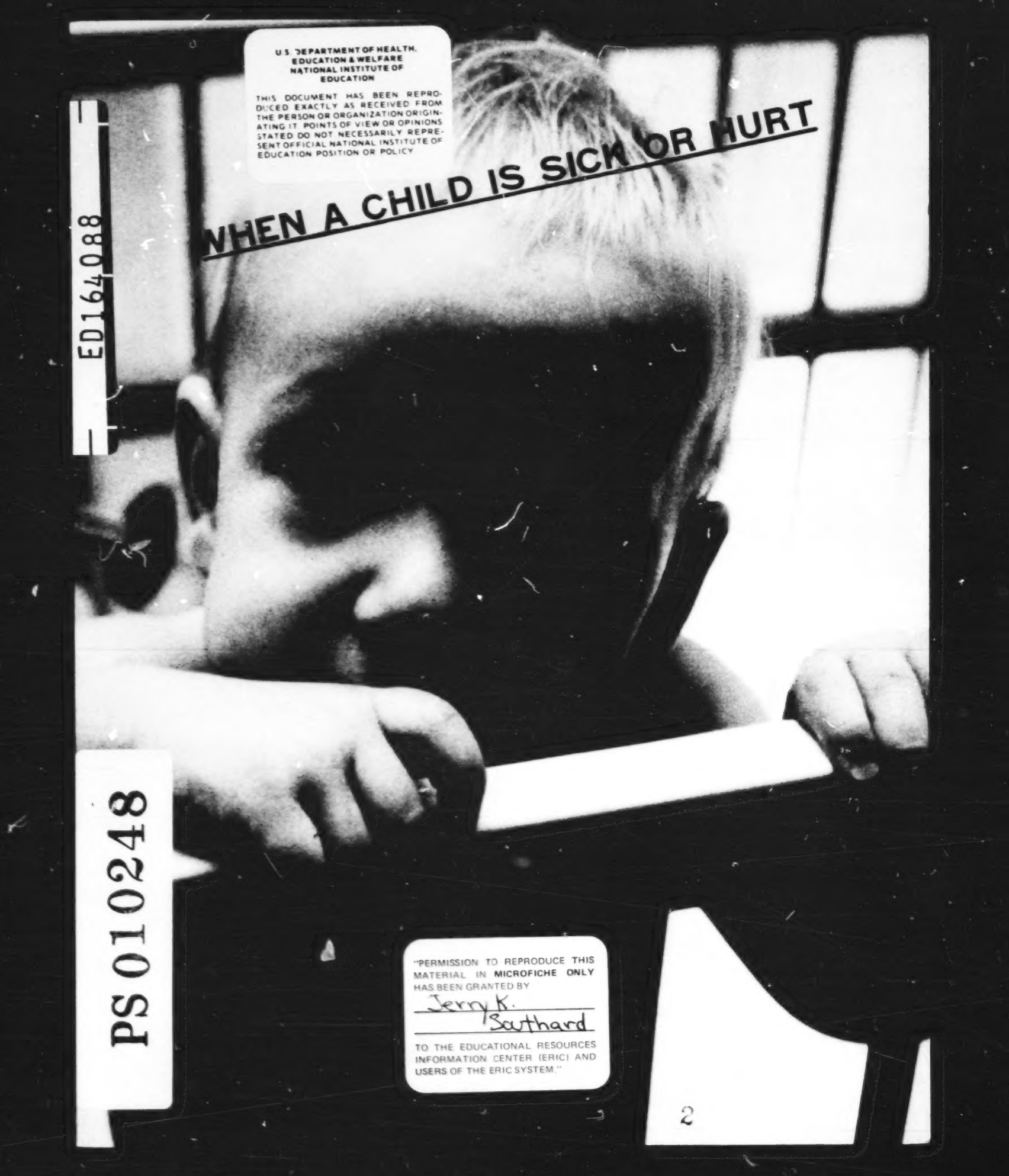
WHEN A CHILD IS SICK OR HURT



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CHILD HEALTH AND SAFETY SERIES

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CHILD HEALTH AND SAFETY SERIES

Module I	SAFETY PRECAUTIONS (includes manual, pamphlets, and one slide/sound presentation)
Module II	HEALTH PRECAUTIONS (includes manual, pamphlets, and one slide/sound presentation)
Module III	WHEN A CHILD IS SICK OR HURT (includes manual, pamphlets, and one slide/sound presentation)
Module IV	MEDICAL PROBLEMS (includes manual, pamphlets, and one slide/sound presentation)
Module V	THE SERIOUSLY ILL CHILD (includes manual, pamphlets, and one slide/sound presentation)
Module VI	EMERGENCY CHILD AID (includes manual, pamphlets, and one videotape or one 16 mm film)
Module VII	THE GROWING CHILD...BIRTH THROUGH FIVE (includes manual, pamphlets, and three slide/sound presentations)
Module VIII	THE GROWING CHILD...SIX THROUGH FIFTEEN (includes manual, pamphlets, and three slide/sound presentations)

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WHEN A CHILD IS SICK OR HURT

Each person who works with children must be prepared to take care of sick children from time to time. Recognizing illnesses, caring for the child, reporting problems to others, and following up are important skills in providing care for children.

I RECOGNIZING ILLNESSES

Nurses and doctors are trained to identify and treat illness in children. No layperson can hope to recognize and treat all the ailments that a child might have. However, the layperson can be alert to those signs and symptoms of illnesses that are often seen in children and which may require medical attention. The following lists of signs and symptoms are a general guideline for recognizing some of them. No guideline can be complete. You will often have to rely on your own common sense and experience in judging illness in children.

A. SIGNS OF ILLNESS

The general appearance and behavior of children are good clues to their health. When a child suddenly begins to act differently or look differently, it may be a sign that he or she has a health problem. If a child begins looking or acting differently, you will have to decide how serious the change is. It may require phoning parents immediately, isolating the child, just keeping an eye on him or her, or all of these things. However, always tell the parents when you observed changes in the child.

. Unusual behavior or appearance

Changes in general appearance and behavior can include:

Unusual tiredness or drowsiness
Unusual irritability
Anxiousness
Restlessness
Lack of Interest
Decrease in activity
Increase in activity
Loss of appetite
Rashes or skin irritations
Reluctance or refusal to use an arm or leg

B. SYMPTOMS OF ILLNESS

If a child shows any of the symptoms listed below, report them to the parents or medical advisor.

- Vomiting should be reported promptly, especially if the child also appears sick or different in any other way. This does not apply to the spitting up after meals that is so common among infants.

- Diarrhea

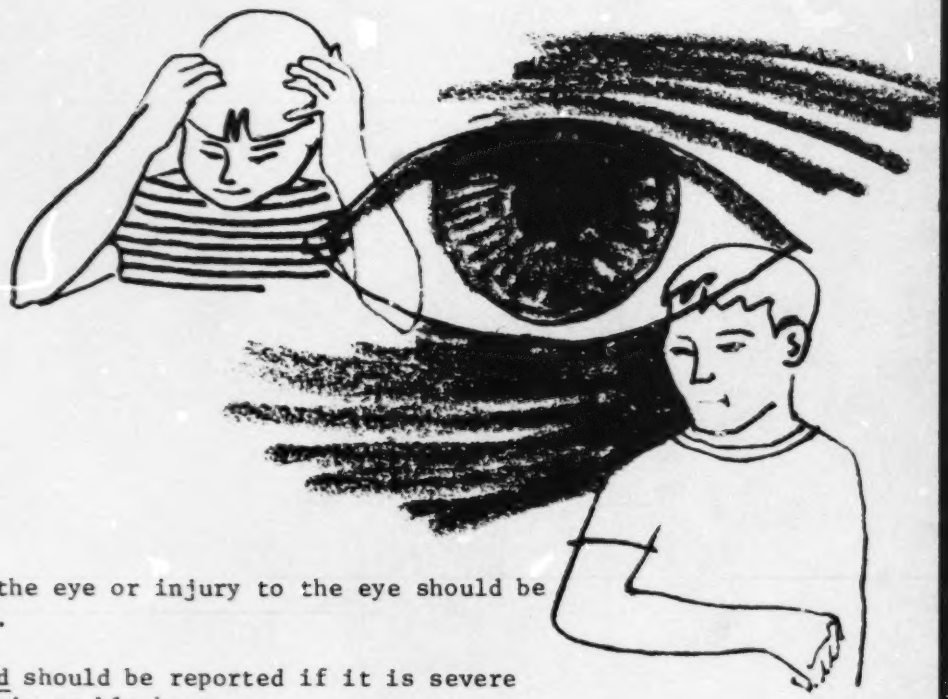
  Severe diarrhea in infants should be reported promptly. Diarrhea, in children, if not accompanied by other symptoms such as vomiting and fever, should be reported to the parents when they pick up their child.

- **Fever**

  A fever is an indicator of illness. A temperature of 99 degrees or over (taken under the arm) may be a fever and should be reported. A high fever can accompany a mild infection, and a young baby can be quite sick with little or no fever. How high or low the fever may be is less important than if the child seems really sick. (See Reporting a Temperature)

- Dehydration is a very dangerous condition in a child. It can occur when, for whatever reason, the child is not taking or is not able to retain fluids. A combination of vomiting and diarrhea could dehydrate a child within 24 hours or less depending upon the severity. If a child becomes withdrawn, behaves unusually, and refuses liquids, he or she needs prompt medical attention.

- Blood in the Bowel Movement or blood in the vomit should be reported immediately.



- **Inflammation** of the eye or injury to the eye should be reported promptly.

- Injury to the head should be reported if it is severe enough to cause pain or blackout.

- Burns should be reported if blisters appear.

- Injury to a limb should be reported if the child does not immediately regain normal use of it or if use is painful.

- Rashes/Skin Irritations

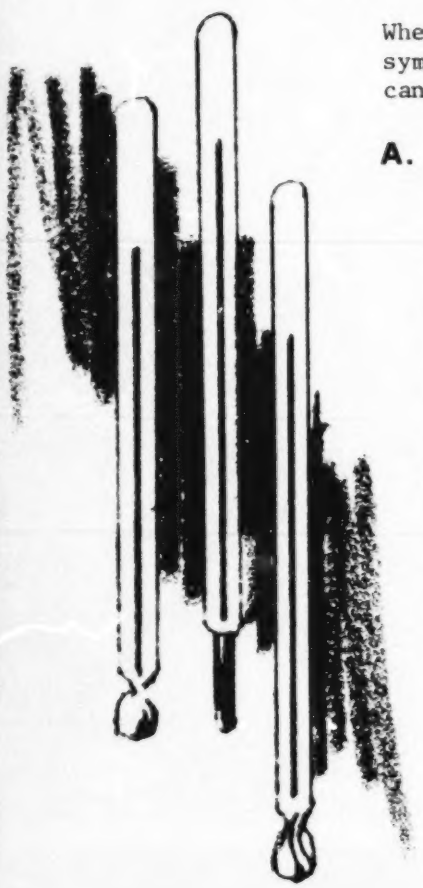
  If a child seems more than mildly sick with a rash, or if the rash is extensive, it should be reported.

- Difficulty in breathing should always be reported immediately.

- Pain should be reported when it first appears. Infants often have colic pains which usually disappear with time. Unusual or suddenly severe colic which lasts should be discussed with parents.

ACTION!

II CARING FOR THE SICK CHILD



When you suspect that a child is sick or when a child shows definite symptoms of illness, there are a number of effective things that you can and should do.

A. IMMEDIATE CARE

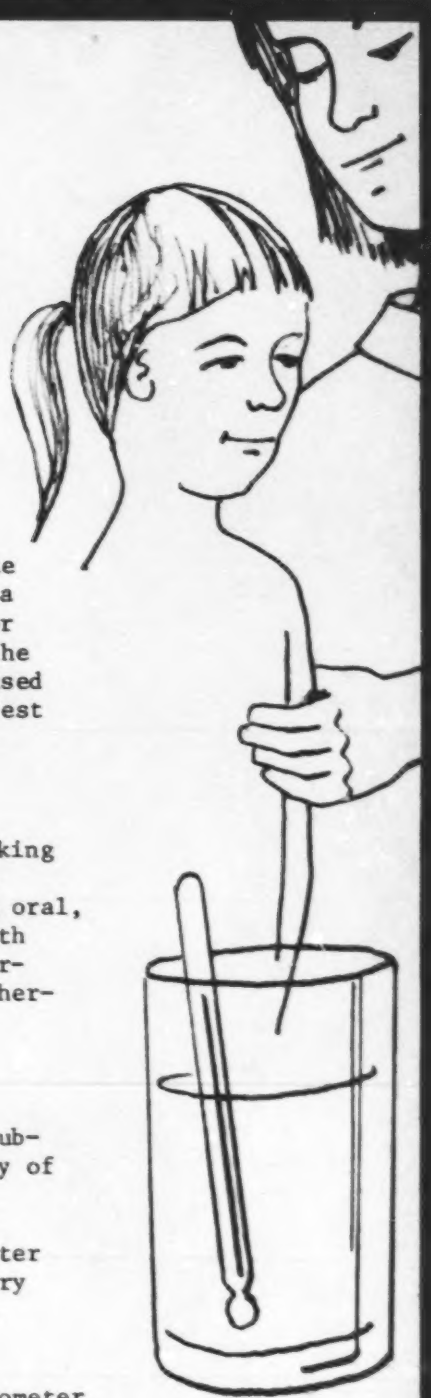
Steps to follow in immediate care include: (1) separating or isolating the child from other children, (2) making the child comfortable, (3) taking his or her temperature, and (4) notifying parents.

1. Isolating the Child

When children are ill, they should be separated from the other children. This is for their own protection and the protection of the other children. They should be given a bed or cot away from the other children and should be supervised. You might hold them on your lap awhile or read to them. If they are feeling ill enough to want to lie down, they will be easy to handle. Children should be given comfort and reassurance until their parents pick them up.

2. Making the Child Comfortable

Rest is very important for children when they are ill. Bedding down and isolating them from the other children should be handled tenderly, so they do not feel left out. Children feel frightened when they are ill and are left alone. They need a lot of comforting. They also feel guilty and embarrassed about making the personal messes that result from vomiting or diarrhea. Caregivers need to be very careful about making ill children feel that their world is safe and secure. Fussing over them and making sure they are comfortable will not spoil them. Just treat the child like you would like to be treated if you were ill and unable to take care of yourself.



3. Taking the Temperature

When you suspect that a child is running a fever, you should take his or her temperature. Temperature can be measured by placing a thermometer in the mouth, or under the arm or in the rectum. For young children the best method is to place a thermometer under the arm. This is called the axillary method. It should always be used by the layperson in taking children's temperature. It is the safest of the three methods.

Types of Thermometers

A thermometer with a long slender bulb on the end is used for taking temperatures orally (in the mouth). A thermometer with a short, stubby bulb (either round or pear-shaped) may be used for taking oral, rectal, or axillary temperatures. Always use the thermometer with the short, stubby bulb to take axillary temperatures. If you purchase a thermometer, ask for a child's thermometer or a rectal thermometer.

Using a Thermometer

. Always use a clean thermometer. It is best to clean it with rubbing alcohol. Washing it in hot water will damage the accuracy of the thermometer.

. Hold the thermometer near the top. (The bottom of the thermometer is the bulb end). Use a very sharp motion and shake the mercury down below 97 degrees. It is easy to drop a thermometer when shaking down the mercury, so do it over a soft surface.

. Hold the child on your lap and place the bulb end of the thermometer in the center of his or her bare arm pit. Hold the child's arm closed for five minutes.

. Most thermometers have one edge sharper than the rest. Hold this edge toward you. The degree marks will appear on the top line and degree numbers are on the line below. The mercury moves on a line in the space between the marks and the numbers. You can tell the temperature by reading the number at the point where the mercury line has stopped.

. Record the temperature

. Wash the thermometer with soap and cold water and place in alcohol for at least 30 minutes.

AXILLARY METHOD

Reporting a Temperature

The normal body temperature is about 98.6 degrees. Remember when you use the axillary or under arm method to take a temperature, the reading will be a little more than one-two degrees below the child's true temperature. An axillary normal reading will be 97.4 degrees. When reporting a fever to a medical advisor or parent, be sure to say that you used the axillary method.

. If the child's temperature is 99 degrees or over, he or she may have a fever. However, it should be confirmed by a nurse taking an oral or rectal temperature.

4. Notifying Parents

You should have on file information on how to reach parents in an emergency, the name and telephone number of someone to contact when parents cannot be reached, the name and number of a doctor, and written permission for getting emergency treatment.

Parents should be notified immediately when their children are ill. If a sick child's parents cannot be located, someone on the list of people to be called in the case of emergency should be telephoned to pick up the child. If neither the parents nor anyone on the emergency list can be reached, continue to keep the child in isolation under the eye of an adult until pick-up time. If the child is more than mildly ill, you should contact the physician named by the child's parents and perhaps even take him or her to the doctor's office.

INFORMATION AND EMERGENCY FORM

Child's Name _____ Birthdate _____

Parent (or guardian) _____

Address _____ Home Phone _____

Mother: Name used at work _____

Employer _____ Address _____

Phone No. _____ Hours worked _____ to _____

Father: Name used at work _____

Employer _____ Address _____

Phone No. _____ Hours worked _____ to _____

If parents are living separately, which parent should be contacted in case of emergency?

Name _____

Address _____ Home phone _____

If parent is unavailable, list two persons to contact in case of emergency.

	Name	Relationship	Phone
1.			
2.			

Doctor's Name _____ Phone _____

If unavailable, use _____
(Name of another doctor, hospital, or clinic)

_____
Address Phone

SAMPLE ONLY

B. RECORDING SYMPTOMS AND OBSERVATIONS

Keep a written record of the symptoms and signs of a child's illness. Write the child's name, the date, each symptom or observation, and their duration. This will help you give an accurate report to the child's family or physician. You will also want to note the kind of care and the results of the care that you gave to the child. It is helpful to use a form to record this kind of information. The note or record should be kept in the child's permanent file.

An example of a note is as follows:

Lucy Bright

February 3, 1978
Approximately:

10:00 a.m.	Looks sick . listless . coughing . does not appear to have fever
1:00 p.m.	Took axillary temperature 101° Isolated Phoned parents - will pick up as soon as possible
1:30 p.m.	Vomited and runny stool
2:00 p.m.	Parents picked up Lucy. Informed them of times, temperature, and symptoms.

February 10, 1978
Follow Up

Lucy returned to school - had flu. Looks well. No medication required.

No restrictions on activities.

C. CLEANLINESS

The importance of hand washing, especially when you are handling ill children, cannot be over emphasized. Doctors wash their hands before and after each examination, even if their patients are not ill. In this respect, think of yourself as a physician. Your hands come in contact with and carry thousands of unseen germs. If you fail to wash your hands thoroughly, you can catch diseases yourself or spread them among the children and your family. A thorough washing means using hot water and soap, and cleaning under the fingernails. Any time you change a diaper or come in contact with diarrhea, give your hands an extra scrubbing. All the extra washing and scrubbing will help control illness in your center. It may also make your hands sore. You might want to use a mild lotion after each washing.

It is also important to thoroughly clean up after a child who is sick. Clothing or bedding which has been soiled should be removed immediately and washed in very hot water. Toilets and lavatories should be cleaned and disinfected. Towels and washcloths used by the sick child should also be removed and washed. Germs can be carried in many ways and careful cleaning can prevent other children from becoming ill.

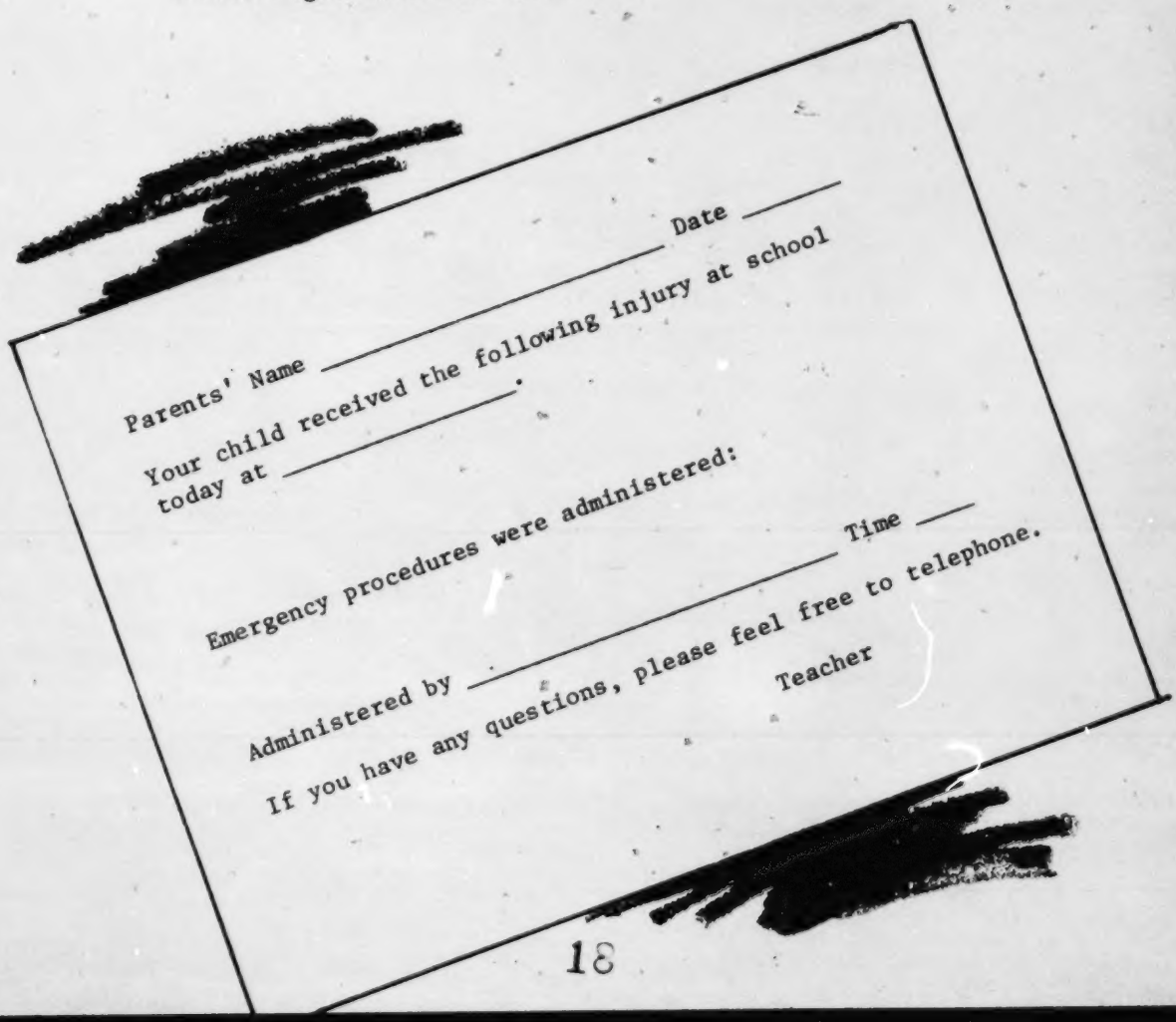
III REPORTING PROBLEMS

When a child is sick, an emergency occurs, or problems develop, you will want to report to parents and to keep a record in the child's folder. Other times, especially in the case of contagious diseases, you will want to report to other parents. If you are in a center, you will also want to let other teachers know about contagious diseases.

A. MINOR ACCIDENTS

Children are often involved in minor accidents such as a small bump or bruise or a small cut. You should, however, let the parents know about minor accidents. This protects you as well as the child.

Use a simple form or note to notify parents of common school accidents. Be concise, not alarming, but concerned. Such a form might look like this:



Parents' Name _____ Date _____

Your child received the following injury at school today at _____.

Emergency procedures were administered:

Administered by _____ Time _____

If you have any questions, please feel free to telephone.

Teacher

B. SERIOUS ACCIDENTS

Any time there is a serious accident, your primary concern is the child. If there is time, always call the parents first. If there is not time, call a physician, an ambulance, or get the child to a hospital in your own car. You can call the parents after you reach the hospital. Be sure to stay as calm as possible. No one knows how serious the child's condition is until he or she has been examined. Parents have been killed in their haste to get to their ill child.

A complete report of any serious accident should be written and filed with other information about the child. Again, this serves as protection for both you and the child. Sometimes detailed information is needed later for filling in health claims or filing accident reports.

Always keep a record of all accidents in case questions arise.

ACCIDENT REPORT

Child's full name _____

Parent's name _____

1. What happened? date _____ time _____

2. What kind of care was provided?

3. Was a doctor consulted? date _____ time _____

   Name of doctor _____

4. When and how was the parent notified? date _____ time _____

5. Results

Signed _____

Date _____

SAMPLE ONLY

1. Child Emergencies

In some emergencies, quickly getting help for the child is critical. In all cases the parents should be contacted as soon as possible.

a. You must have a signed statement from the parents, guardians or other legally responsible person of each child allowing you to follow whatever emergency procedures are necessary such as taking the child to the hospital. You should not have a child in your care until you have this statement. It may be best to use a form for recording this permission. A sample form follows:

I AGREE THAT: In case of emergency, Ms./Mrs. _____ has my permission to secure needed emergency medical care for my children.

Children covered by agreement

_____

_____

Signature of parent or guardian

_____

_____
Date

Check with your local department of public welfare licensing representative about current standards. Find out if they advise having this statement notarized. They also have emergency forms available.

b. Any time there is a child emergency you must try to contact one of the child's parents. You should already have an information form from the parents that include their home and work telephone numbers, a name and number of a person to contact if the parents are unavailable, and the name and number of the child's physician.

2. Careperson Emergencies

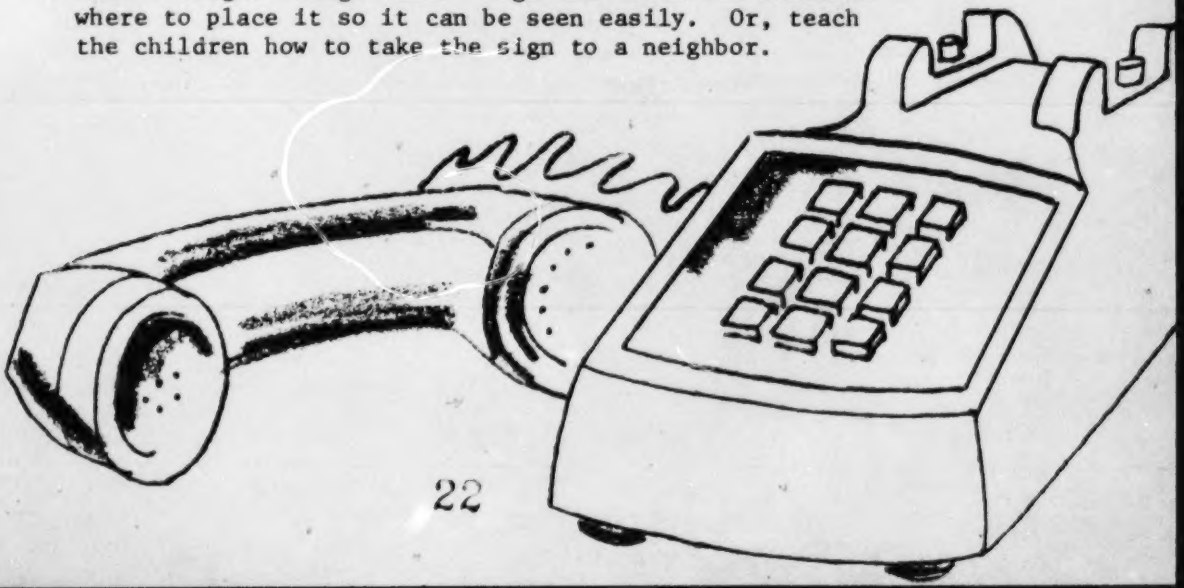
Perhaps the most frightening thing that could happen to you in a home or center is to suffer an injury when you are the only adult present. If you are taking care of children by yourself, you should have an emergency plan. Your plan will have to be suited to your particular situation. The following suggestions can help you in planning. Whatever your plan, role play it with the children so that when a real emergency occurs they will know what to do and will not panic.

- In home care, plan ahead with a neighbor or a friend.

. If you have a close neighbor, one of the children can be sent for help. Select a neighbor on the same side of the street so a young child does not have to cross the street alone.

. All children, as soon as they are able, should be taught how to reach the telephone operator. A red dot of fingernail polish on the "0" helps them recognize it. They need to be able to communicate as much information as possible. At a minimum, "Teacher hurt" and leaving the phone off the hook, might bring help.

. Make a bright orange "HELP" sign and teach the children where to place it so it can be seen easily. Or, teach the children how to take the sign to a neighbor.



- In a day care center, plan ahead with other teachers.

. In a day care center, each room should have a "HELP" sign. You may be working alone in a room with children. Should an emergency arise, the children can take the sign to another adult in the center. Plan with the staff how to deal with emergencies. Role play your plan with the children --who will get the sign, how they will get it, and how to take it to another adult. The sign can also be used when you cannot leave an ill child.

C. OTHER PROBLEMS

Sometimes you may suspect that a child has a minor physical problem such as pinworms, lice, or more serious problems such as a hearing loss. You will need to speak to the parents about the problems. It is best to do so in person and certainly in private. Your attitude must not put the parents on the defensive or alarm them. Simply explain that you only suspect that the child has a problem, and point out the reasons why. State that you feel the child should be seen by a medical person. If the parents do not do anything about the possible problem, call your local Public Health Department for further information.

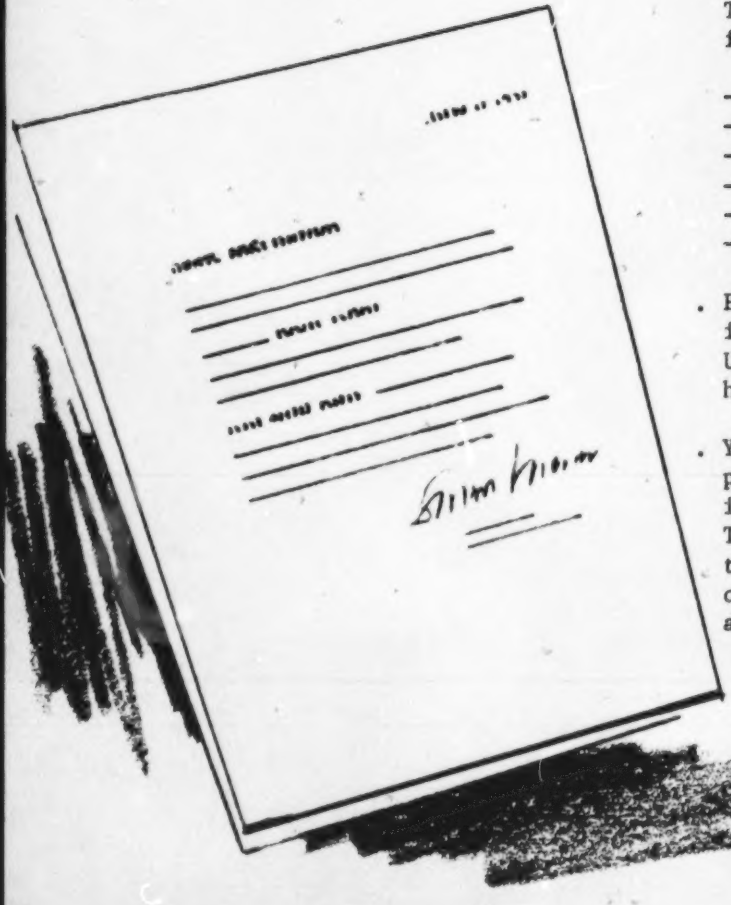
Occasionally you will find a child who shows up too often with unexplained bruises, cuts, or burns. These might be the result of neglect or abuse by an adult. You are required by law to report suspected cases of child abuse to the state Department of Public Welfare or to the local police. The law will protect you from liability and officials will keep reports private. Do not call the parents if you suspect child abuse. Let the authorities take care of it for you.

D. PROVIDING INFORMATION TO OTHERS

Information about illnesses or accidents should always be given to the child's parents. Sometimes other staff or other parents also need information. For example, in the case of contagious diseases, you will want to alert others.

1. Talking with the Child's Parents

Any time a child needs medical attention you should give the parents a record of what happened to the child. Ideally, you should have three copies: one for you, one for the physician, and one for the parents. If a child stopped taking liquids at 1:00 p.m., started vomiting at 2:00 p.m., and ran a fever of 102 degrees at 2:30 p.m., the physician and the parents need to know it. They also need to know what you did to help the child.



- It is especially wise to keep a record of all accidents requiring emergency or a physician's care. Questions can always arise in accident cases, and insurance companies may be involved. You can note this information on a piece of paper or you can make a form to record it. The information you record should include the following:

  - child's name
  - what happened - what time
  - how the parent was notified - what time
  - what kind of care was provided
  - results of the care
  - doctor consulted -- what time

- Parents should know about any records or information which you keep on a child. Under the open records law, parents have the right to see any such records.

- You should also be prepared to tell the parents where they can go for extra help if they do not have a family doctor. The local Public Health Department or the licensing person from the Department of Human Resources can tell you the names and numbers of people to call.

2. Talking With Other Staff

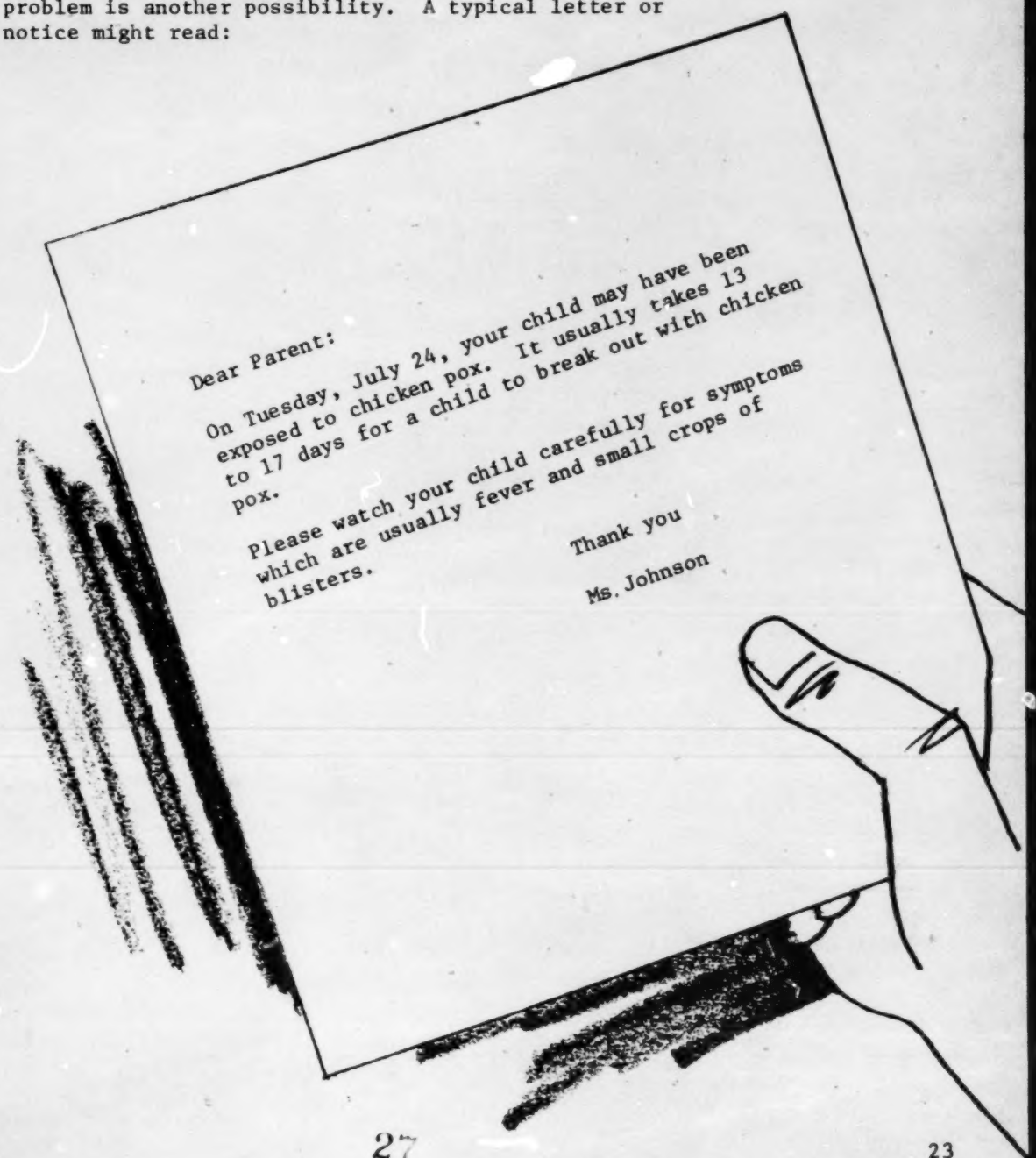
Any time a contagious disease crops up in your center you will need to be involved in a staff meeting to share information and to plan actions to deal with it. Some of the things you should discuss are:

- What are the symptoms of the disease?
- What is the incubation period of the disease? How long may it take for other cases to show up?
- How will you notify all the parents that their children have been exposed to a contagious disease?
- What kind of action can you take to prevent the disease from spreading?
- Can or should the rest of the children be immunized against the disease?
- What are the local public health department regulations that cover contagious diseases and quarantine?

Sometimes a child in your room may have an illness which affects the things he or she can do. For example, a child who has had an operation may not be able to play actively outside, or a child who has had ear problems may have trouble hearing. You will want to let other teachers know about things of this type so they can understand and help the child also.

3. Notifying Other Parents

When any children are exposed to a communicable disease, the parents should be notified. Written notices, hand delivered to the parents at pick-up time, are ideal. Written notices attached to each child's clothing are a possibility. Phoning each parent to explain the health problem is another possibility. A typical letter or notice might read:


Dear Parent:
On Tuesday, July 24, your child may have been exposed to chicken pox. It usually takes 13 to 17 days for a child to break out with chicken pox.
Please watch your child carefully for symptoms which are usually fever and small crops of blisters.
Thank you
Ms. Johnson

IV FOLLOW UP

Following up after a child has been ill is important. You will want to consider written reports as well as medication or other help the child may need.

A . FOLLOW UP WRITTEN REPORTS

One of your responsibilities is to be sure that a child's attendance and activities will not injure his or her health. Any child who returns after an illness should have a follow up written report. Ask the parents about the following:

. what illness/accident/injury the child had

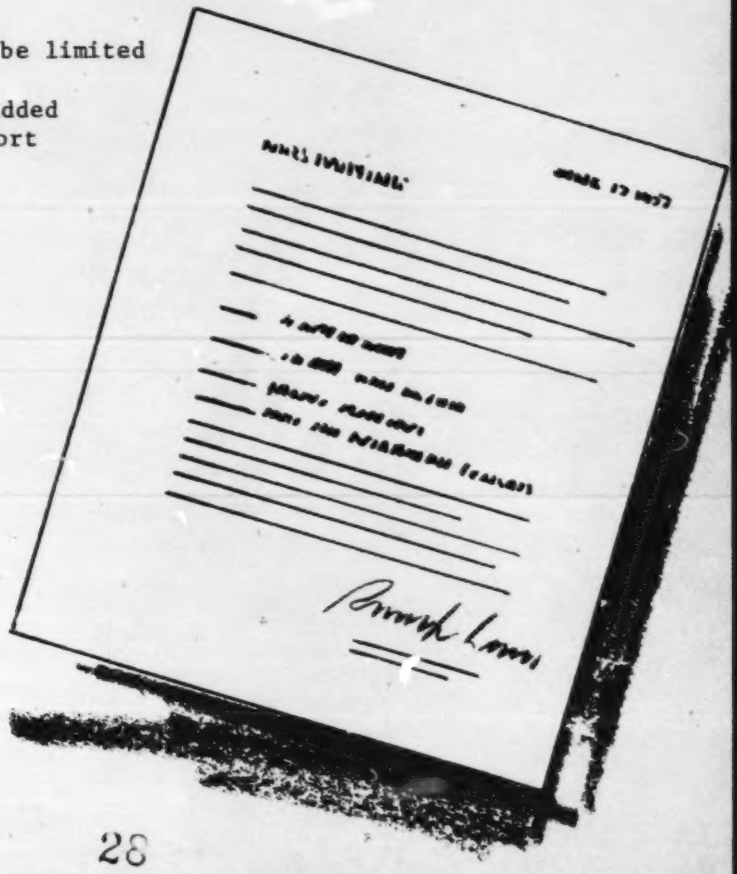
. what medication is needed, if any

. any problems he or she might have

. any special needs

. any activities which should be limited

This follow up report can be added to the accident or illness report in the child's folder. If the child was injured or became ill while at home, write a follow up note for his or her file.

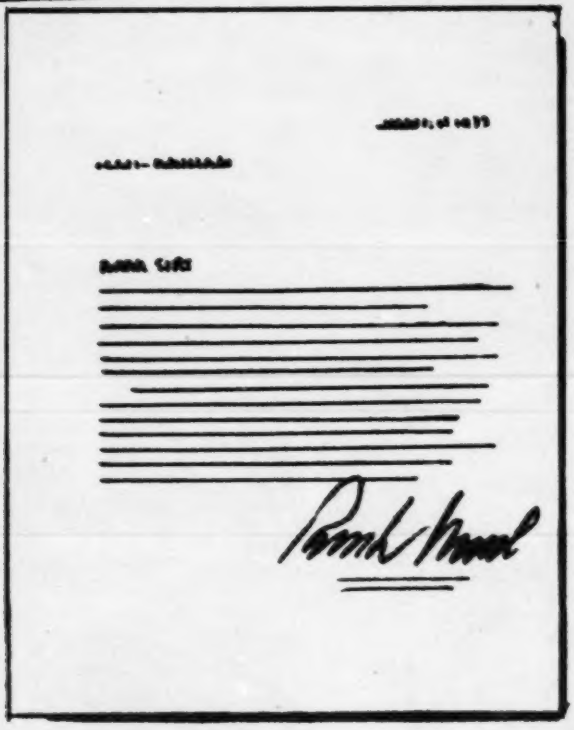


B. WHEN A CHILD RETURNS

You should be aware of the following special rules that cover the return of children to a group care center or school after they have had communicable or disabling diseases:

. Communicable Diseases

When a child recovers from a communicable disease, recommendations of the local public health department govern the time and conditions under which the child is allowed to return to school. These requirements should be followed.



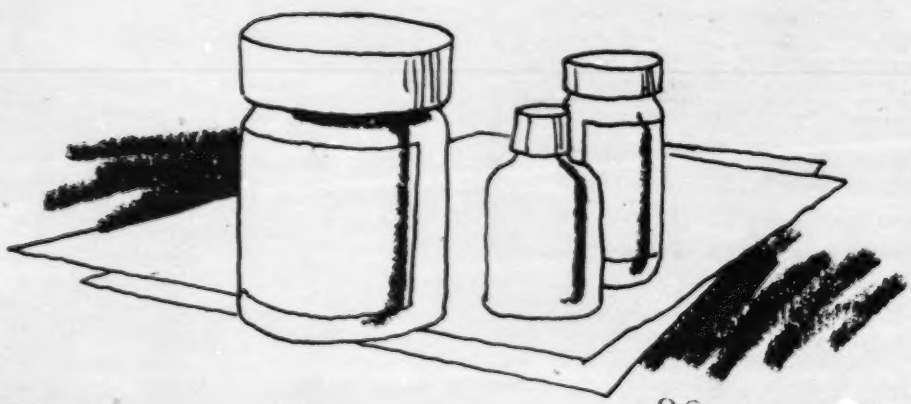
C. MEDICATIONS

A child who has been ill may still need to take medicine. Also, some children may have to take medication on a regular basis. You need to be especially cautious when giving medication to children in your care. To protect both you and the children, consult your local Department of Human Resources licensing representative for current standards regarding medications. The following list is simply a general guide:

1. Medications and special medical procedures should be given to a child only on the written, dated, and signed request of a licensed physician. The original label on the container with the physician's instructions is acceptable.

2. Prescription medications must be in the original container labeled with the child's name, date, instructions, and the name of the physician.

3. All non-prescription medication (except aspirin or aspirin substitute) must be labeled with the child's name and dated.



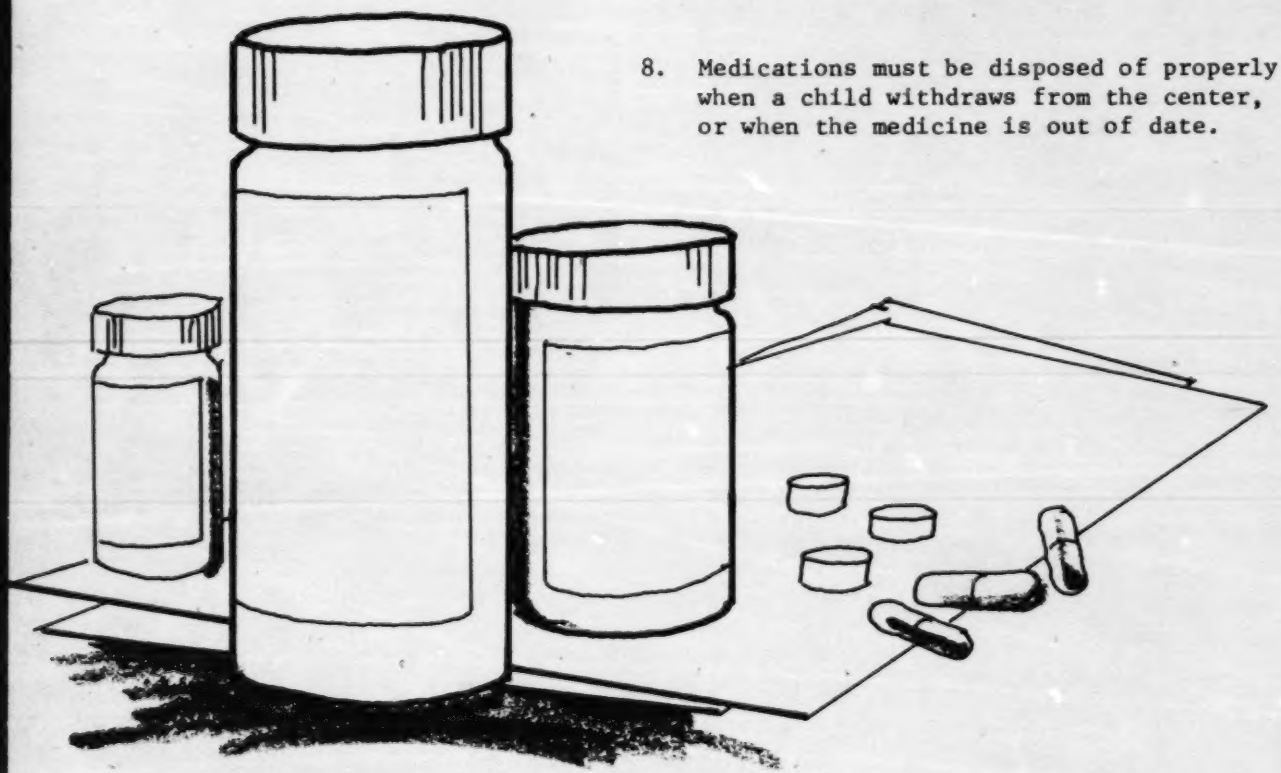
4. All non-prescription medication (including aspirin or aspirin substitute) may be administered to the child only when approved by health personnel or the child's parents.

5. Medicine must be kept out of reach of children, preferably in a locked storage area.

6. Medications requiring refrigeration should be kept separate from food.

7. Medicines must be returned to parents when no longer needed.

8. Medications must be disposed of properly when a child withdraws from the center, or when the medicine is out of date.



SUMMARY

Your knowledge of the signs and symptoms of illness is important in helping the child who is sick and in protecting other children. The information you give to parents and medical persons can help in identifying the problems and treating the child. The more you know and the better prepared you are for handling illness, the smoother and easier things will be when a child gets sick.

Other modules in this series on Child Health and Safety will also help you.

Additional information on keeping records is included in Module II, Health Precautions. Information on different types of illnesses is included in Module IV, Medical Problems. Emergency Child Aid, Module VI, covers what to do when an accident or serious emergency occurs.

TEST YOUR KNOWLEDGE

Take this test both before and after studying this module to see what you have learned. An answer key is on the back.

Read each question and circle all the correct answers. THERE IS MORE THAN ONE CORRECT ANSWER FOR SEVERAL OF THE MULTIPLE CHOICE ITEMS.

1. True False When a child suddenly begins to look or act differently it may be a sign that he or she has a health problem.

2. Which of the following symptoms of illness should be reported to parents or medical advisors immediately:

   A. Loss of appetite
   B. Vomiting
   C. Anxiousness
   D. Difficulty in breathing

3. True False Just because a child is ill is no reason to isolate him or her from the other children.

4. When you suspect that a child is running a fever, the best method for taking a temperature is to place the thermometer:

   A. In the child's mouth
   B. In the child's rectum
   C. Under the child's arm

5. True False Always clean your thermometer by washing it in hot, soapy water.

6. True False When using the axillary method, a normal temperature is 97.4°.

7. True False No matter what, when a child is hurt or ill, parents must be contacted first.

8. True False If children learn to dial 0, say as little as "Teacher hurt," and leave the phone off the hook, help can be sent.

9. True False If you suspect that a child is being abused, a tactful discussion with the parents is wiser than reporting the situation to the authorities.

10. True False The privacy of caregiver records is protected by law.

11. True False Temperature taken by the axillary method should be confirmed by a nurse or doctor.

12. True False When there is a serious accident, the parents should always be called first.

13. If a family does not have a doctor, you can obtain names and numbers of people to call from:

    A. Local public health department
    B. Department of Human Resources
    C. Licensing worker

14. True False A staff meeting should be called whenever a contagious disease is identified.

15. A follow-up report on a child returning after an illness should include:

    A. What illness/accident/injury child had and what medication is needed
    B. Any activities which should be limited and any special needs
    C. Any problems he or she might have

16. True False National health regulations govern when a child recovering from a communicable disease may return to school.

17. True False Prescription medications given to children do not have to be in the original container, if you have written permission of the parents.

18. True False It is not necessary to have written permission to give non-prescription medicine when required.

ANSWER KEY

1. True	10. False
2. B, D	11. True
3. False	12. False
4. C	13. All
5. False	14. True
6. True	15. All
7. False	16. False
8. False	17. False
9. True	18. False